

**LEAVE OF ABSENCE REQUEST FORM**

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

**FAMILY MEDICAL LEAVE**

Date leave commences \_\_\_\_\_ expected return date \_\_\_\_\_

Total hours requested: \_\_\_\_\_

I want to use \_\_\_\_\_ hours of sick leave / vacation (circle one)

I request \_\_\_\_\_ days of unpaid family leave

I would like to pay my portion of the health insurance premium with:

my accrued disability leave                      yes / no

my accrued vacation leave                      yes / no

Reason for leave request: \_\_\_\_\_

\_\_\_\_\_

**UNPAID MILITARY LEAVE**

Active Duty, Inactive Duty Training, or Active Duty for Training? \_\_\_\_\_

Date leave commences \_\_\_\_\_ expected return date \_\_\_\_\_

Inactive Duty Training and Active Duty for Training Only:

I would like to pay my portion of the health insurance premium with:

my accrued disability leave                      yes / no

my accrued vacation leave                      yes / no

**UNPAID EDUCATION LEAVE**

Date leave commences \_\_\_\_\_ expected return date \_\_\_\_\_

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The Personal Rules and Regulations contain further details regarding leave of absence benefits and requirements.

The employee is responsible for credit union payments currently deducted from their paycheck, plus any charges for dependent or additional life insurance.

Original signed form to be forwarded to Human Resources. PAYROLL CLERK must attach a completed copy of this form to the status to inform Payroll of leave dates.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

City Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_